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| Onder the Paperwork | Reduction Act of | 1995, No person a | are requir | ed to respond to a con | | | | OMB COILLOI III |
|--|-------------------|------------------------|--------------|---|---------------------------------------|-------------------------|----------------|-----------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | | Complete if Known Application Number 10/530,289-Conf. #7753 | | | | |
| | | | | | | pril 5, 2005 | | |
| FEE TRANSMITTAL | | | | | | atsuya IGARASHI | | |
| For FY 2008 | | | | | | D. L. Garrett | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | | | | 794 | | |
| TOTAL AMOUNT OF PAYMENT | | (\$) 660.00 | | 74t Onit | | 649-1070PUS1 | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | | | |
| x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP | | | | | | | | |
| | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge foc(s) indicated below, expect for the filling foc | | | | | | | | |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | | |
| x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | | |
| FEE CALCULATION | | | | | | | | |
| 1. BASIC FILING, SEARCH | | | | ADOLLESSO | EXA . 41 | .TION ==== | | |
| | | G FEES Small Entity | SE. | ARCH FEES Small Entity | EXAMINA | ATION FEES Small Entity | | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$ | | Fee (\$) | Fee (\$) | Fees I | Paid (\$) |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | | |
| 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) | | | | | | | | |
| Fee Description Each claim over 20 (including Reissues) | | | | | | | Fee (\$) 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | | 210 | 105 |
| Multiple dependent claims | • | ig itelesaces) | | | | | 370 | 185 |
| | | Fee | Paid (\$) Mu | | Itiple Dependent Claims | | | |
| 24 -20 = 4 x 50.00 = | | | | | | e (\$) Fee Paid (\$) | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | | |
| Indep. Claims Extra | Claims F | ee (\$) | Fee | Paid (\$) | · · · · · · · · · · · · · · · · · · · | | | _ |
| 1 -3 = 0 x 210.00 = 0.00 | | | | | | | | |
| HP = highest number of indeper | ident claims paid | for, if greater than | 1 3. | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | |
| | | | | | | | | |
| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$) | | | | | | | | |
| Other (e.g., late filing surcharge): 1252 Extension for response within second month 460.00 | | | | | | | | |
| SUBMITTED BY | | | | | | | | |
| Signature | | | | Registration No. | 40,069 | Telephone | (703) 20 | 5-8000 |
| Name (Print/Type) MaryAnne Armstrong, Ph.D. Date August 11, 20 | | | | | | | | |

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